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DECLARATION FOR UTILITY OR	Attorney Docket Number First Named Inventor		920197.90365 Robet M. Engelke	
DESIGN PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	10/628,193		
Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date	07/2	8/2003	
	Group Art Unit	2643		
	Examiner Name			

As a below named in	ventor, I he	reby declare that:				
My residence, mailing	address, an	d citizenship are as sta	ited below next to my nan	ne.		
I believe I am the origi entitled:	nal and first	inventor of the subject	matter which is claimed a	and for which a pa	atent is sought on t	he invention
CAI	PTIONED	TELEPHONE WI	TH EMERGENCY AG	CCESS CAPA	BILITY	
		(Title of	the Invention)			
the specification of wh	ich	(7.110-07	and miremany			
is attached here	to					
OR was filed on (MM	1/DD/YYYY)	07/28/2003	as United S	tates Application	Number or PCT Int	ernational
Application Number 1	10/628,19	3 and was	amended on (MM/DD/YY	ΥΥ)		(if applicable).
I hereby state that I ha amended by any amer	ve reviewed	and understand the co	ontents of the above ident	tified specification	n, including the clair	ms, as
in-part applications, ma	aterial inforn	information which is mation which became a continuation-in-part ap	naterial to patentability as vailable between the filing plication.	defined in 37 CF g date of the prior	R 1.56, including for application and the	or continuation- e national or
than the United States	s of America lant breeder	a, listed below and ha 's rights certificate(s),	19(a)-(d) or (f), or 365(b) PCT international applica ave also identified below, or any PCT international	by checking the	box, any foreign	application for
Prior Foreign Applic	cation	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	y Attached?
Additional foreign	application	numbers are listed on	a supplemental priority da	ita sheet PTO/SB	3/02B attached here	eto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application **Customer Number** Direct all correspondence to: 26735 OR I Correspondence address below or Bar Code Label Nicholas J. Seay Name Address Quarles & Brady LLP P O Box 2113 **Address** 57301-2113 Madison City State US 608/251-5000 608/251-9166 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. □ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name Engelke Robert M. (first and middle [if any]) or Surname inventor's Signature Madison US WΙ US Residence: City Citizenship 3002 Brynwood Drive **Mailing Address Mailing Address** City Madison Country US 53716 State ☐ A petition has been filed for this unsigned inventor. NAME OF SECOND INVENTOR: Given Name Kevin Family Name Colwell (first and middle (if any) or Surname 2063 Inventor's Signature Country US Middleton WI Residence: City State Citizenship 1411 Willow Trail **Mailing Address**

State

Additional inventors are being named on the ____

ZIP 53562

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Mailing Address City Middleton

US

Country



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1_ of 1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor				for this unsigned inventor		
Given Name (first and middle [if any]	J)		Family Name	Name or Surname		
Christopher	Christopher			Engelke		
Inventor's Signature				Date (1/23/03	Date (1/23/03	
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Mailing Address						
City Madison	State WI		ZIP 53716 Co	ountry US	try US	
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed f	or this unsigned inventor		
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Inventor's Signature				Date		
Residence: City	State		Country	Citizenship		
Mailing Address 75 Aadulam Street						
Mailing Address						
City	State		ZIP	Country	_	
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname			
]				
Inventor's Signature				Date		
Residence: City	State		Country	Citizenship	Citizenship	
Mailing Address						
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